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ABSTRACT

Only recently have mental health professionals realized the importance and impact of death and death anxiety in the lives of individuals, particularly clients. Indeed few empirical studies have examined the levels of death anxiety among clients, much less among counselors or counselors-in-training. The purpose of this study was to examine whether gender, age, and experience with death and/or suicide would influence reported levels of death anxiety, manifest anxiety, and attitudes toward suicide among counselors-in-training (N=55). Significant differences were found between male and female trainees in levels of death anxiety, with females reporting higher levels. When attitudes toward suicide were examined, trainees who had had a direct experience with a friend or family member attempting or committing suicide had a more negative view of the acceptability of suicide than did those without this direct experience. No differences were found between male and female trainees in suicide attitude and manifest anxiety. A possible way to begin dealing with the death anxiety and attitudes toward suicide experienced by counselors-in-training is through educational exposure, specifically with death and dying and the various aspects of suicide. Regardless of the method, the topics of death, dying, and suicide need to be integrated into existing counselor training programs. (ABL)

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Death Anxiety and Attitudes Toward Suicide Among Counselors-In-Training

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Abstract

Only recently have mental health professionals realized how important death anxiety is in the lives of their clients. Indeed, few empirical studies have examined the levels of death anxiety among clients, much less among counselors or counselors-in-training. The purpose of this research was to examine whether gender, age, and experience with death and/or suicide would influence reported levels of death anxiety, manifest anxiety, and attitudes toward suicide among 55 counselors-in-training. Significant differences were found between male and female trainees in levels of death anxiety, with females reporting higher levels. When attitudes toward suicide were examined, trainees who had had a direct experience with a friend or family member attempting or committing suicide had a more negative view of the acceptability of suicide than did those without this direct experience. No differences were found between male and female trainees in suicide attitude and manifest anxiety.

DEATH ANXIETY AND ATTITUDES TOWARD SUICIDE AMONG COUNSELORS-IN-TRAINING

Although death has been studied and discussed by philosophers and poets for centuries, only recently have mental health professionals realized the importance and impact of death and death anxiety in the lives of individuals, particularly clients (Peterson, 1985; Schultz, 1975; Templer, 1971). As a result of this recent interest in the prevalence of death anxiety and death-related fears, clinical and empirical research on these topics has nearly doubled during the past decade (Pollak, 1979). Despite the proliferation of research on the construct of death anxiety, few empirical studies have examined death anxiety among clients, much less among counselors or counselors-in-training: Nor has the relationship between death and general anxiety among students involved in counselor-trainee/client interactions, which are already particularly susceptible to high levels of anxiety (Carter & Pappas, 1975; Mooney & Carlson, 1976), been studied. Even fewer empirical studies have examined the relationship between attitudes about suicide and the level of death anxiety (Minear & Brush, 1981).

In the limited studies that have assessed counselors'-in-training death anxiety, the focus has been to compare the counselor-trainees' death anxiety with that of medical students' (Jordan, Ellis, & Grallo, 1986) or of rehabilitation clients' (Johnson, 1980). Although Jordan et al. (1986) and Johnson

(1980) found that counselors and counselors-in-training had higher levels of death anxiety than comparison groups (medical students and rehabilitation clients, respectively), neither study included measures of manifest anxiety or attitudes toward suicide. Johnson (1980) did, however, also investigate the relationship of gender and death anxiety. Although males ordinarily tend to report lower death anxiety than females (Pollak, 1979; Templer, 1970; Templer, 1971), Johnson (1980) found females reported lower death anxiety than males, a finding very much the exception rather than the rule.

Why should death anxiety and suicide attitudes be important to counselors-in-training? The answer is simple. Each year nearly 1,750,000 people are left to grieve the death (death by suicide, accident, or natural causes) of a significant other in their life (Worden, 1982). Although the emotions surrounding the death situation are many, anxiety is the most prevalent, influencing both the client and the mental health professional working with them (Feifel & Branscomb, 1973). Research has shown this feeling of death anxiety and the anxiety associated with a dying situation, particularly suicide, influences care given by mental health professionals (Lester, Getty, & Kneisl, 1974). To better assist clients in facing death and suicide appropriately, counselors and counselors-in-training need to grapple with the issues of death and suicide themselves (Worden, 1982). As Glaser & Strauss (1968) demonstrated, to function optimally in death-

and-dying situations or with clients with death-related concerns, counselors and counselors-in-training need to be aware of and comfortable with their own emotions.

One way to begin helping counselors-in-training, and ultimately counselors, become aware of and deal with their death anxiety and suicide attitudes is through death and suicide education. Unfortunately, few counselor training programs offer training sessions or classes dealing with these topics (Rosenthal & Terkelson, 1978). It appears that the lack of empirical investigations of counselors´-in-training anxiety (both death and manifest) and suicide attitudes has directly contributed to this limited availability of educational resources in the areas of death, dying and suicide. To begin exploring these relationships, the purpose of this study was to examine whether gender, age, and experience with death and/or suicide would influence reported levels of death anxiety, manifest anxiety, and attitudes toward suicide among counselors-in-training.

Method

Participants and Design

The participants in this study were 55 (41 women and 14 men) beginning master´s level students in counseling and counselor education at a large, urban, Southwestern university. The students´ ages ranged from 21 to 64, with a mean age of 31.6. Participants were classified by gender (male or female) and experience with death and/or suicide (yes or no). A 2 X 2

factorial design with two levels of gender and two levels of experience with death and/or suicide was used.

Measures

Participants in selected graduate classes in counseling were administered a demographic questionnaire, a death anxiety measure, a manifest anxiety measure, and a measure of attitudes toward suicide.

The demographic questionnaire was used to gather data on participants' age, gender, academic standing, and experience with death and/or suicide.

Death anxiety was assessed using Templer's (1970) Death Anxiety Scale (DAS). The DAS is a 15-item true-false instrument composed of statements dealing with reactions to death and dying. High score indicate greater fear of dying or death anxiety than low scores. The reliability and validity of Templer's DAS have been thoroughly assessed by a variety of procedures (Templer, 1970).

Bendig's (1956) Pittsburgh Revision of the Manifest Anxiety Scale, a 20-item version of Taylor's (1953) Manifest Anxiety Scale (MAS), was used to examine manifest anxiety. High scores on the MAS indicate greater manifest anxiety than low scores. A survey of studies using the 20-item MAS showed an median internal consistency reliability of .76 and a test-retest reliability coefficient of .91 (Bendig, 1956).

Attitudes toward suicide were measured using a 29-item

attitudinal scale developed by Minear and Brush (1981) to measure Suicide Beliefs, Suicide Values, and Belief in an Afterlife. The two scales of interest in this study were the Suicide Beliefs scale and the Suicide Values scale. High scores on the Suicide Belief scale indicate positive attitudes toward the right to commit suicide and high scores on the Suicide Value scale indicate positive personal ethics regarding suicide. Minear and Brush (1981) reported internal consistency reliability, assessed using the Kuder-Richardson Formula 20, of the Suicide Belief-Suicide Values scales combined was .96.

Results

To examine differences due to gender and experience with death and/or suicide, 2 X 2 univariate analyses of variance (ANOVA) were conducted. When death anxiety was used as the dependent variable, the only significant main effect found was for gender, $F(1,33) = 4.59$, $p < .05$. An examination of the means revealed that females ($M = 7.39$) reported higher death anxiety than males ($M = 7.27$). The main effect for experience with death and/or suicide was not significant, nor was there an interaction involving the death anxiety dependent variable.

Using suicide values as the dependent variable in the 2 X 2 ANOVA (gender and experience with death and/or suicide as independent variables) resulted in significant differences in experience with death and/or suicide, $F(1,51) = 4.24$, $p < .05$. Those who had had a direct experience with a family member or

friend committing or attempting suicide ($\underline{M}$ = 3.87) had a more negative view of the acceptability of suicide than did those without this direct experience ($\underline{M}$ = 4.10).

When manifest anxiety and suicide beliefs were used as the dependent variables, no significant differences were found for gender, experience with death and/or suicide, or the interaction.

Discussion

Results of this study suggest that female counselors-in-training have more anxiety concerning death than do male counselors-in-training. Although this finding is consistent with the more recent studies that reported females fear death more than males (Pollak, 1979), it conflicts with the findings of other studies examining the death anxiety of counselors and counselors-in-training (Jordan et al., 1986; Johnson, 1980). A possible explanation for this finding (males reporting less death anxiety than females), often cited in the literature (e.g., Pollak, 1979), is that men, adhering to the traditional male sex role, are less likely to report having feelings or emotions relating to death and/or death anxiety than are females. The present study lends support to this belief and indicates that these stereotypes might still be very common today, particularly in male counselors-in-training. Perhaps with further training and self-exploration these males would be able to "break" their rigid sex typed behavior and endorse both masculine and feminine attributes (e.g., expressing emotions and feeling) equally.

A second interesting finding was that those counselors-in-training who had had a direct experience with a friend or family member attempting or committing suicide had a more negative view of the acceptability of suicide than did those without this experience. A possible explanation for this finding is that those trainees who had been directly influenced by the upsetting and devastating effects of an attempted or completed suicide internalized the negative effects and, as a result, now view the acceptability of suicide much more negatively. As Minear and Brush (1981) concluded, most students, particularly those with direct personal experience with death or suicide, claim that the act of suicide is against their personal code of ethics and that they could not imagine themselves nor the ones they care about ever committing suicide.

A final interesting finding of this study is that although females did report higher death anxiety than males, all counselors-in-training did report death anxiety. This finding is important in that it reveals an identifiable component of the "anxiety" already experienced by students involved in particularly anxiety susceptible relationships: counselor-trainee/client relationships (Carter & Pappas, 1975; Mooney & Carlson, 1976).

A possible way to begin dealing with the death anxiety and attitudes toward suicide experienced by counselors-in-training is through educational exposure, i.e., classes or seminars dealing

specifically with death and dying and the various aspects of suicide. Although both counselors and counselor educators strongly support the idea of training students in the areas of death, dying, and suicide and since research (e.g., Bell, 1975) shows that a class or seminar dealing with death and dying can significantly reduce the level of participants' death anxiety, why is it that few counselor training programs offer, much less require, training sessions or classes dealing with death, dying, and suicide (Rosenthal & Terkelson, 1978)? Perhaps this study, revealing that counselors-in-training do experience death anxiety and do have varied attitudes toward suicide, will again accentuate the need for counselors-in-training to be exposed to and trained to deal with death, dying, and suicide. Ideally, these topics should be dealt with in required courses or seminars specifically focused on death and dying and suicide beliefs and values. However, since most counselor training programs have little room in their curriculum for additional coursework, perhaps all-day workshops or minicourses would be much more realistic ways to provide this needed training.

Regardless of the method, the topics of death, dying, and suicide need to be integrated into existing counselor training programs. By offering and/or requiring various forms of death and suicide education, it is hoped that counselors-in-training, and ultimately practicing professional counselors, will begin to better understand their values and beliefs and experience lower

levels of anxiety, thus becoming less susceptible to the feelings of inadequacy, anger, guilt, helplessness, and/or frustration that can all too often accompany high levels of anxiety and interfere with helping relationships.

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Author Notes

This article is based on Christopher Maglio's master's thesis (under the direction of Dr. Arlene Metha) submitted to the Counseling Program, Arizona State University.

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